



FULL QUALIFICATION APPLICATION FOR ENROLMENT FORM – SA

MADEC Australia
RTO : 3957
Ph: (08) 8307 2007
www.madec.edu.au
training@madec.edu.au

ADMINISTRATIVE USE ONLY / SYSTEM ID

STL Subsidy #

MADEC Student #

Training Contract #

PROOF OF IDENTITY Required colour copy

Provide 1 from column A:

Provide 2 from column B:

☐ Driver's License

☐ Medicare Card

☐ Australian Birth Certificate

☐ Current Student ID Card

☐ Bank Card/Credit Card

☐ Australian/New Zealand Passport

☐ Proof of Age Card

☐ Centerlink Healthcare Card

☐ Citizenship Certificate / Approved Visa

A. COURSE DETAILS

Course Name :

Course Code :

Course Location :

Delivery Method : ☐ External ☐ Classroom

B. UNIQUE STUDENT IDENTIFIER

USI Code (10 Characters):

I have not applied but I give MADEC permission to create my USI using a copy of my ID documents: ☐ Yes ☐ No

C. PERSONAL DETAILS

Pronoun : ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other, please specify:

Gender : ☐ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified

Title : ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx

First Name : Middle Name/s :

Surname : Preferred Name :

Date of Birth : Preferred contact : ☐ Phone ☐ Email ☐ Mail

Residential Address :

Suburb / State : Postcode :

Postal Address : ☐ As above ☐ Different from above

Street / PO Box :

Suburb / State : Postcode :

Mobile : Phone :

E-Mail :

D. EMERGENCY CONTACT If under 18 years of age this must be a parent/guardian

Full Name : Relationship :
Email : Phone :

E. EMPLOYMENT

Which BEST describes your current employment status? (Tick ONE box only)

☐ Full Time ☐ Employer ☐ Unemployed – Seeking full time work
☐ Part Time ☐ Self Employed - Not employing others ☐ Unemployed – Seeking part time work
☐ Casual ☐ Employed - Unpaid family worker ☐ Unemployed – Not Seeking Employment

Employer Name : Position :

Employer Address : State/Postcode :

Do you consider yourself to be :

☐ N/A ☐ Under-Employed, seeking full-time work ☐ Under-Employed, seeking part-time work

F. RESIDENCY STATUS Tick ONE box only

☐ Australian Citizen ☐ Permanent Resident ☐ New Zealand Citizen living in Australia
☐ VISA (Provide color copy of VISA with this application) Visa Subclass :

G. LANGUAGE AND CULTURAL DIVERSITY

Country of Birth : City of Birth :

Are you of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and Torres Strait Islander

Do you speak a language other than English at home?

☐ No ☐ Yes If yes, please specify other language/s :

How well do you speak English?

☐ Very Well ☐ Well ☐ Not Well ☐ Not At All

H. SCHOOLING

Highest completed school level:

☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐ Year 8 ☐ Never attended

What year did you complete this level?

Are you attending secondary school? ☐ Yes ☐ No (Go to section I)

School Name : SACE ID :

Please select from the below options if applicable:

☐ School based Traineeship ☐ SACE Student

☐ ICAN/FLO Student please provide your ICAN Exemption Number :

I. PREVIOUS QUALIFICATION ACHIEVED

Have you successfully achieved any higher-level qualification?

☐ No

☐ Yes, please tick all that applies

☐ Certificate I

☐ Certificate II

☐ Certificate III

☐ Certificate IV

☐ Diploma/Associate Diploma

☐ Advanced Diploma/Associate Degree

☐ Bachelor Degree or Higher

Name of previous qualification :

J. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS

The definition of disability is broad and does not rely on a formal diagnosis of disability and includes disability in relation to physical, intellectual, psychiatric, sensory, neurological, learning disabilities and physical disfigurement [Source: Department of Education Disability Discrimination Act 1992 Fact Sheet 1 DDA]

Do you consider yourself to have disability, impairment or long term conditions?

☐ Yes

☐ No, (Go to section K)

☐ Physical

☐ Intellectual

☐ Vision

☐ Learning

☐ Hearing/Deaf

☐ Mental Illness

☐ Medical Condition

☐ Acquired Brain Injury

☐ Other, please specify :

If yes, what support can MADEC provide you with?

Would you be prepared to get a medical clearance prior to commencing this course?

☐ Yes

☐ No

K. STUDY REASON

Tick ONE box only

☐ To get a job

☐ To get a better job/promotion

☐ To develop my existing business

☐ To start my own business

☐ I wanted extra skills for my job

☐ It was a requirement of my job

☐ To try a different career

☐ For personal interest/self-development

☐ To get into another course of study

L. HOW DID YOU HEAR ABOUT US

Tick ONE box only

☐ Newspaper

☐ Website

☐ Course Guide

☐ Radio

☐ Email

☐ Social Media

☐ Expos/Events

☐ Existing Customer

☐ Flyer

☐ Employer

☐ TV

☐ Word of Mouth

☐ Industry Consultation

☐ Other, please specify:

M. CENTERLINK AND JOB SERVICE PROVIDER DETAIL

Are you registered with Centrelink and in receipt of a concession?

☐ No

☐ Yes

If yes, please indicate which concession card you hold:

☐ Health Care Card issued by the Commonwealth

☐ Pensioner Concession Card or

☐ Veterans Gold Card

☐ Other, please specify :

Are you under the Guardianship of the Minister?

☐ No

☐ Yes, Guardianship of Minister No:

Are you a registered Job Seeker?

☐ No

☐ Yes

JSID No

:

Job Service Provider :

Job Coach Name :

Job Coach Email :

Job Coach Phone :

N. COURSE FEE

All relevant Fee information, including payment Terms and Conditions, can be found at:
<https://madec.edu.au/education-training/fees-and-charges/>

Payment of FEES will be received from Self/Participant : ☐ Yes ☐ No

Select Payment Method :

☐ Cash ☐ Credit/Debit Card ☐ EFT ☐ Instalments (direct debit)/Centrepay ☐ Invoice (details below)

Invoice Details

Please indicate who the course will be billed to : ☐ Employer ☐ School ☐ Parent/Guardian ☐ Job Service Provider

Fees : \$ Purchase Order/Authorisation required : ☐ Yes ☐ No

Invoice Contact : Phone : ABN :

Business Name : Business Address :

Business Email :

I, (Self/Employer/Agency representative/Parent/Guardian) agree to pay the fees as specified for this qualification.

Name : Signature : Date :

Training Administration has confirmed the above mentioned is responsible for paying this fee. Signature: Date :

O. EXCURSION HEALTH CONSENT

Section 1. General Information

Participants Full Name : Date of Birth :

Section 2. Health Report

Does the student have any medical conditions? (Tick boxes as applicable)

☐ Diabetes ☐ Heart Condition ☐ Migraine
☐ Asthma ☐ Travel Sickness ☐ Allergy (Please specify below)
☐ Seizures ☐ Blackouts ☐ Other medical condition (Please specify below)

Describe any allergies, special care or medication required:

Medicare Number : Ambulance Membership Number :

Do you have Private Health Cover? ☐ Yes ☐ No Fund Membership Number :

Fund Name :

IMPORTANT: Students must report any change that may affect the validity of currency of the above information as soon as possible.

Section 3. Student Excursion Consent:

- In case of emergency I authorise the MADEC staff member in charge to take any steps they may consider necessary to ensure my safety or well-being, including ambulance travel, medical treatment and hospitalisation. I further understand that I am responsible for any treatment costs.
- I acknowledge that during the excursion, acceptable standards of behaviour will be expected of me. I understand that in the event of serious misbehaviour during the excursion, I may be sent home. I further understand that in such circumstances any costs associated with my return home will be my responsibility, or where I have indicated that I am under the age of 18, my parent/legal guardian.
- The health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing your health or safety in the event of an emergency. Furthermore, this information will be used to eliminate or minimise, the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. I acknowledge that if I choose not to complete all questions in the Excursion Health Report and Consent, it may not be possible for MADEC Staff supervising the excursion to provide the best possible response to any emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness.
- I understand that my personal information may also be disclosed to emergency services or medical personnel in the event of an emergency.

Student Signature :

Date :

I, (Full Name) hereby, ☐ DO grant ☐ DO NOT grant

- MADEC Australia have the perpetual right and authorisation to record, tape, film, photograph, digitise or otherwise preserve permanently my name, voice, image, personal statements and opinions and biographic and demographic information.
- I understand and agree that such preserved material may be used and re-used in whole or in part, at anytime and anywhere, in print, website, digital, audio, and /or video publications for the purpose of promotion, research and auditing in relation to my project/program/ course by MADEC Australia.
- I acknowledge that my participation in the making of any marketing or communication materials, and/or participation in research, audits or interviews by MADEC Australia, its officers, faculty, employees, and designees is absolutely voluntary. I further acknowledge that I will not receive any financial compensation now or in the future for the use of such preserved material, which in whole or part MADEC Australia holds the entire copyright.
- I acknowledge that I have read and understood this consent and release. I further understand that this release shall be effective unless specifically revoked in writing.

DISCLOSURE OF PERSONAL INFORMATION TERMS

The Department of State Development collects required information from this form for use by the Commonwealth Department of Education and the Department of Employment for the purpose of auditing participation and the monitoring and reporting of training outcomes.

The information you provide may be accessed by officers of these three departments, by the National Centre for Vocational Education Research (NCVER) and MADEC Australia for the above purposes. I have been advised by MADEC that I may be contacted and requested to participate in a National Vocational Education Research survey or a Department endorsed project or audit review. MADEC Australia securely stores your information and does not disclose it unless required by law, regulation or compliancy (ASQA) purposes.

The MADEC Privacy Policy is available at <http://www.madec.edu.au/about/privacy-policy/>

TRANSFER AND WITHDRAWAL TERMS

- If I withdraw, by written notice, six (6) business days or more prior to the commencement of the training course, MADEC Australia will refund fees in full less a \$75.00 administration Fee.
- If I withdraw, by written notice, within five (5) business days prior to the commencement of the training course, or fail to attend then I will be charged the full fee for the training course. MADEC Australia will retain all course fees paid with no refund being available and any outstanding course fees will still be payable.
- If any fees are not paid and MADEC deems it necessary to engage a debt collection agency to collect the outstanding amount, all costs associated with debt recovery will be payable and added to the outstanding debt.
- If MADEC Australia cancels a training course a full refund will be issued.

PRIVACY NOTICE

Under the Data Provision Requirements 2012, MADEC Australia is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by MADEC Australia for statistical, administrative, regulatory and research purposes. MADEC Australia may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.
- You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.
- NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Student Signature :

Date :

Q. STUDENT DECLARATION

☐ I acknowledge that all the information provided as part of this application is true and correct. I further acknowledge that providing fraudulent, forged or otherwise dishonest documentation or information in support of this application will automatically disqualify me from enrolment.

☐ By signing this declaration, I give consent to MADEC for the collection and use of my personal information as outlined in the Privacy policy in the current Student Handbook.

☐ I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.

☐ I understand that by completing this application I am not guaranteed a place in the described program/project/course and that this application will be reviewed upon completion of the pre-training review to determine suitability.

☐ I acknowledge that I have received, read and understood the terms and conditions outlined in the Student Handbook.

☐ I further acknowledge and accept the terms outlined in the Student Handbook and Code of Conduct.
<https://madec.edu.au/education-training/student-info-resources-2/>

Student Signature :

Date :

D	D	M	M	Y	Y
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Q. PARENT/LEGAL GUARDIAN DECLARATION If participant is under 18 years of age

I, (Full Name) hereby, ☐ DO grant ☐ DO NOT grant

for the minor described above to participate in the activities described in the Publicity Consent and Release section. I further acknowledge and agree that I have read and understood the terms outlined, and I further understand that this release shall be effective unless specifically revoked in writing.

☐ DO ☐ DO NOT give permission for the named student to participate in the course/program/project outlined above

☐ DO ☐ DO NOT give permission for the named student to participate in all day excursions as deemed appropriate by MADEC.

☐ DO ☐ DO NOT give permission for the named student to be transported in a vehicle provided by MADEC.

☐ DO ☐ DO NOT as the Parent/Guardian agree to pay the course fees for the above mentioned participant.

Full Name :

Contact number :

Email :

Parent/Guardian Signature :

Date :

D	D	M	M	Y	Y
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Note:

Please ensure all signature fields are SIGNED either manually or digitally

Email the completed form to training@madec.edu.au or
alternatively drop the form at the nearest MADEC office

This pre-training review forms part of our assessment of your suitability to the course application for enrolment. Please take time to complete the following and ensure the use of punctuation and grammar.

Write a paragraph on what you hope to gain from undertaking this qualification.

Write a paragraph on what interested you in pursuing this career pathway.

What are three personal qualities that are important for someone working in this industry?

1.

2.

3.

What do you believe are three physical requirements to work in this industry?

1.

2.

3.

What are three expectations an employer may have of you when working in this industry?

What is your understanding of the minimum requirements to work in this industry?

Please confirm if you have access to the following equipment:

- ☐ Working computer
- ☐ Reliable internet connection
- ☐ Printer
- ☐ Scanner
- ☐ Microsoft Office version 10 or above

Please rate your computer skills:

	No Experience	Beginner	Intermediate	Advanced
I can send and receive emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can attached documents including pictures and send them via email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can research on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open and save documents to a secure folder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can scan and print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open, use and save word documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your preferred learning style?

- ☐ Visual Learners prefer visual input, for example: images, charts and flow diagrams.
- ☐ Auditory Learners prefer auditory input and remember things best when they hear them.
- ☐ Kinaesthetic Learners prefer input that is physical and concrete. They require action and movement to learn things.

Do you consider yourself to have any personal barriers to learning e.g. legal, accommodation, finance, transport, health, family?

☐ No ☐ Yes, please explain below

Can MADEC assist with any support systems?

☐ No

☐ Yes, please explain below

RPL or **Recognition of Prior Learning** is a process for formally recognising and assessing prior learning and competencies that lead to nationally recognised credit or advanced standing.

For further information please contact your Trainer and Assessor, or MADEC Education and Training SA.

After reviewing the course, do you wish to make an application for RPL?

☐ NO

☐ YES - I would like to make an application for RPL

Credit Transfer is formal recognition of modules/units completed at another training organisation in Australia. MADEC recognises only formal documentation such as qualification testamurs, Statements of Results and/or Statements of Attainment. All documents must either be originals or a certified copy of the original document, you will also be required to provide MADEC permission to verify your documentation with the issuing RTO. If you believe you are eligible for Credit Transfer please complete the Credit Transfer Application Form and attach to your enrolment application with evidence.

Do you wish to make an application for Credit Transfer?

☐ NO

☐ YES - I would like to apply for Credit Transfer

Declaration: I agree to actively take part in the Upfront Assessment of Needs including Language Literacy and Numeracy assessment to assist MADEC determining my suitability for the course and I declare this assessment will be my own work and I will not seek outside assistance to complete.

Student Signature :

Date :